

## NOTICE OF RIGHTS FOR VICTIMS OF VIOLENT CRIMES

**Criminal Charges:** The City or County Attorney's office can file criminal charges against an offender if that person committed the offense of partner or family member assault, sexual assault, or any other crime against you.

**Orders of Protection:** If you are the victim of a violent crime, you may petition the court for an order that:

- (1) prohibits the offender from hurting you or threatening to hurt you;
- (2) directs the offender to leave your home and prohibits the offender from having any contact with you;
- (3) prevents the offender from transferring any property, except in the usual course of business;
- (4) prohibits the offender from being within 1,500 feet or other appropriate distance of you, any named family member, and your work site or other specified place;
- (5) gives you possession of necessary personal property;
- (6) prohibits the offender from possessing or using the firearm used in the assault.

If you file a petition in District Court, the District Court may order all of the above and may award custody of your minor children to you or to the other parent. The District Court may order visitation of your children between the parents. The District Court may order the offender to pay support payments to you if the offender has a legal obligation to pay you support payments.

**Obtaining an Order of Protection:** The forms that you need to obtain an Order of Protection can be obtained at: \_\_\_\_\_ (list all local information).  
You may call: \_\_\_\_\_ (phone number of local victim-witness advocate) for additional information.

**Conditions of Bond:** The Conditions of Bond ordered for an offender can provide many of the same protections as those in an Order of Protection and can address other concerns you may have, such as:

---

---

**Restitution and Compensation:** You may be eligible for:

- restitution payments from the offender (the offender would be required to repay you for the costs you have had to pay as a result of the crime). You may call the victim/witness advocate at \_\_\_\_\_ (local number) for additional information about restitution.
- crime victim compensation payments (a fund administered by the State of Montana for innocent victims of crime). Call the Crime Victim Compensation program at 800-498-6455.

**Release of Offender:** You are entitled to know if the offender has been released from jail. You can call the victim/witness advocate at \_\_\_\_\_ (local phone no.) or the county jail at \_\_\_\_\_ (local phone no.) for this information.

As a crime victim, there are many resources available to you in \_\_\_\_\_ County:

(List local and state resources)

---

---

---

Signed: \_\_\_\_\_ (victim) Date: \_\_\_\_\_

Printed Name of Officer: \_\_\_\_\_

Signature of Officer: \_\_\_\_\_

Copies Given To:

\_\_\_\_\_ Victim  
\_\_\_\_\_ Victim/Witness Advocate  
\_\_\_\_\_ Law Enforcement

---

**MEDICAL RECORDS RELEASE**  
(if appropriate)

DOCTOR/HOSPITAL: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

PATIENT: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

DATE HOSPITALIZED: \_\_\_\_\_ TYPE OF CRIME: \_\_\_\_\_

I hereby authorize and request you to release the complete medical records in your possession concerning my illness and/or treatment to: \_\_\_\_\_  
\_\_\_\_\_(list local criminal justice agencies)  
or any duly authorized representative of these agencies.

Signed: \_\_\_\_\_ (victim) Date: \_\_\_\_\_

**I hereby request that all information be kept confidential pursuant to §44-3-311, M.C.A.**

Signed: \_\_\_\_\_ (victim) Date: \_\_\_\_\_